the conjunction of other unfavourable hygienic conditions, ill-drainage, filth, effluvia, &c. &c.—or the recipient have been previously subjected to the predisposing causes by deprivation, hardships, and want, excesses, anxiety, fear, despondency, mental and physical exhaustion or debility from any cause, till his system has been brought to a point below the power of resistance.

“It follows that immunity from the reception of contagion in the exposed, and from an aggravation of horrors on the part of the sick, is to be gained, as far as possible, by a strict observance of the well-known maxims of hygiene, first and foremost among which is the possession of a stout heart and sufficiency of the light and air of heaven. Hence an explanation of the fact that, in the outbreak of the fever in 1847, when sheds and shanties open to the elements were of necessity used, in Dublin and elsewhere, both patients and attendants fared the better.

“As is well known, the disease is often epidemic, prevailing extensively, as already stated, in some districts, towns, and localities, while absent in others; and raging and overspreading the country in certain seasons and years. These last are heralded mostly by some wide-spread calamity, involving misery and suffering and general want. At such times multitudes of the most destitute flock to the metropolis and the other great cities of the realm, in search of food and employment, carrying with them a predisposition to the fever, stopping for shelter in the filthiest and most wretched abodes, sowing therein the seeds of disease, and, then, speedily finding their own way into hospitals to die. In the famine year of 1847, the fever was thus engendered and disseminated to a frightful extent. The baleful influence extended into the following, and, conjoined with the cholera, even the next succeeding year. This may be called the great epidemic triad of modern times. It was then that the flood overflowed its natural bounds and poured its surplus waves of fever for the first time upon the shores of the New World.”

D. F. C.

ART. XX.—*Catalogue of the Surgical and Pathological Museum of VALENTINE MOTT, M. D., LL. D., Emeritus Professor of Surgery in the University of the City of New York, etc., and of his son, ALEXANDER B. MOTT, M. D., Surgeon of St. Vincent's and the Jews' Hospital. Secat Salubritar.* New York: 1858. 8vo. pp. 78.

In this catalogue, over a thousand pathological specimens, the result chiefly of surgical operations performed by the Nestor of American surgeons, are enumerated and described. It will, naturally, be most prized by students attending the University of the City of New York, who can find therein an explanation of the specimens contained in the museum to which they have access. As, however, remarks are frequently appended to the description of the specimen, and, in many instances, the whole history of the case by which it was furnished, the catalogue possesses greater interest for the profession at large than might at first be supposed. Several of the specimens, also, are from cases whose history has been published at length, in past years, in this journal, and with which its readers are all more or less familiar.

This collection is believed by Dr. M. to be the largest that any American surgeon has had occasion to form, and he further states in the preface, that “more than fifty years of active professional life, in the most populous city in this country, have been spent in its accumulation.”

In order that the specimens might be arranged according to the diseases they represent, and thus facilitate reference, the collection is divided into forty compartments. Owing, however, to the progressive manner in which it has been accumulated, their classification is by no means systematic. Interspersed among the specimens in the different compartments, are pieces of bone from Waterloo, Antwerp, Delphi, and the Acropolis—crania from battle-grounds, from Indian women, warriors, patriots, robbers, and pirates, and such little luxuries, or puerilities, of a pathological cabinet. These might have all been placed in one compartment, along with some bones of an intrepid chanticleer, about whose history

some curiosity must naturally be felt on seeing them in this collection; they may be the remains of the "tutulary emblem, of glossy black plumage" once sacrificed by the professor to Eseulapins.¹

The number of the specimens of *spontaneous gangrene* preserved in this private museum is quite remarkable; it is no less than thirteen. One of these is of the upper extremity, where its occurrence is exceedingly rare, so much so that the account furnished in the catalogue will be given here.

"No. 810. Spontaneous mortification of the right arm of a lady in Brooklyn.

"She was about 35 years old, the mother of several children; rather delicate; no known cause for it. The first thing noticed was unusual coldness of the hand. The mortification gradually advanced to about the middle of the arm, where it stopped, and in great measure separated from the living, healthy surface above. At her urgent solicitation, but without my recommendation, I amputated the arm, as the fetor from it was intolerable to her. The brachial artery was solid, and did not require a ligature. Several smaller branches were tied.

"Four or five days after, upon opening the stump, mortification was apparent in it. She died in a few days, from exhaustion"—p. 14.

At page 72, Dr. Mott says: "I have operated successfully in several cases of spontaneous mortification, but have also failed. My experience is in favour of amputation through the thigh, even though the toes only should be involved in the mortification. The greater the distance from the seat of the disease, the more probability is there of the arteries being in a normal state."

From these thirteen cases, it is also seen that Dr. Mott performs amputation while the mortification is advancing up the limb. This proceeding is condemned by most surgeons; many of whom reject it in almost all cases, even when the gangrene has ceased to progress. Some most trustworthy statistics show, that, of eight cases of spontaneous gangrene in which amputation was performed, five died and three recovered; while of eleven cases left to themselves, only one died, and ten recovered.

In some remarks made upon a case of *fungus hæmatodes* of the right eyeball (p. 39), it is advised, in addition to extirpating the eye, to tie the common carotid artery of the affected side, as the plan "best calculated to postpone, and sometimes prevent, the return of the disease." In this case, no return had taken place when the patient was last seen, which was two years after the operation. This patient, it should be added, was a female child about seven years of age.

Specimen No. 426 is a very curious one—*absence of the epiglottis*. It was discovered after death. "The absence of the cartilage is complete, and, as there is no cicatrix visible, it is probable that the defect is congenital. There was no suspicion of its existence before death"—p. 26.

Nos. 810 and 478 are specimens of *scirrhus of the male breast*. "The tumour was characterized by extreme hardness, lancinating pains, and great retraction and puckering of the nipple—the features of true scirrhus!" In neither was there any return of the disease. A case of *encephaloid* disease of the same organ is also in the collection, No. 755. "The mass of disease contained several cysts, which, when cut into, discharged an inky fluid, leaving a dark stain on the linen—melanotic infiltration." In this, likewise, there was no return.

At page 8 we find: "No. 741. Testicle (healthy). Removed from Dr. L. L., at his own request, as a cure for onanism. After recovery from the operation, he resumed the habit, but not to the same extent as before."

We hope, for the credit of American surgery, that this may ever be an unique specimen.

At page 34 is recorded a case of *malignant sarcoma*, which shows strikingly the obstinacy with which such affections return. The patient was a man of excellent constitution and general health. The disease was situated in the side. Most of the operations were very extensive and extremely painful. At no time, in any of them, was there the least morbid portion left, and the wound invariably healed in the most kind and rapid manner. This is the record of the different operations:—

¹ See Travels in Europe and the East, by Valentine Mott, M. D. New York, 1842, p. 297.

In Ireland	June, 1832,	By Dr. Horphlin.
	May, 1837.	" Dr. Herbert Orphen.
	August, 1840.	" " "
	April, 1841.	" " "
	June, 1843.	" Dr. Mott.
	June, 1847.	" " "
In New York	May, 1851.	" " "
	Jan. 7, 1853.	" " "
	August, 1853.	" " "
	Jan. 7, 1854.	" Dr. A. B. Mott.
	May 26, 1854.	" " "
	Oct. 25, 1854.	By Dr. A. B. Mott.
	Jan. 30, 1855.	" " "
	Mar. 9, 1855.	" " "
	June, 1855.	" " "

The patient died of the disease, in the fall of 1855.

W. F. A.

ART. XXI.—*Description of a New Midwifery Forceps, having a Sliding Pivot to prevent Compression of the Fœtal Head; with Cases.* By GEORGE T. ELLIOTT, M. D., Physician to Bellevue Hospital, the Nursery and Child's Hospital, and the Lying-in Hospital, etc. etc. 8vo. pp. 24.

"THERE is no end," said the wise king, "to making of many books," and, with equal propriety, it may be said, there is no end to the invention of new obstetrical forceps. Nearly every obstetrician believes himself competent to improve the instrument, by giving to it a new or additional curvature, by modifying its form, by changing the shape or breadth of its blades, or by adding to it some contrivance having for its object to facilitate its introduction and adjustment, or to prevent any injury being inflicted by it upon the head of the fœtus or the maternal organs. Whether all these are to be considered as improvements, it would be very difficult positively to determine; inasmuch as there is, we suspect, no one who has ascertained, from actual experience, the advantages and disadvantages of the several forceps in use, or which have, from time to time, been recommended as possessing excellencies in which all others are deficient. Each practitioner has a favourite instrument of his own, which, perhaps, is generally condemned by others, and this, perhaps, less from any positive evidence they may possess of its imperfections than from the fact that, being accustomed to the use of a certain form of instrument, they have acquired a facility in its application, and thus become so far satisfied with it, as to render them disinclined to make trial of any other.

That, from the results of increased experience, no very material improvements in the form and general construction of obstetrical forceps have been or can still be devised, we have no right to affirm. We believe they have been and that they may still further be improved.

In the pamphlet before us, we have the description of a new obstetrical forceps, the peculiarity of which consists in the insertion in the handles of "a sliding pivot" (pin?), by which the blades are prevented from being approximated more nearly than is necessary to permit them to simply grasp and retain hold of the fœtal head without compressing it.

According to Dr. Elliott, "the most that can be expected of an instrument is, that it successfully meets very numerous indications." He believes—

"1. That the principal use of the forceps, in the immense majority of cases, is that of a tractor alone; and that compression is always in some degree injurious, and to be avoided if possible.

"2. That this traction can be applied, and should be applied, by competent men, in well selected cases, even though the head so float above the brim as to be only capable of being steadied by the hand, introduced above the pelvic brim;